

Rosedean House Surgery Patient Participation Group

2011/12 report

Group formation and composition

The surgery's Patient Participation Group (PPG) was formed in 2008. The group was initially created through personal invitation to a wide cross-section of patients and since 2009 has been open to all patients. Invitation to join the group is publicised via our website, patient information leaflet, posters within the surgery and in each of our bi-monthly newsletters.

The current age profile of our group, when compared to our patient population is as follows:

Age	Registered list	Patient group membership
<16	1611 (18.6%)	0
17 – 24	848 (9.8%)	2 (7%)
25 – 34	885 (10.2%)	2 (7%)
35 – 44	1010 (11.6%)	2 (7%)
45 – 54	1263 (14.5%)	4 (14%)
55 – 64	1307 (15%)	6 (21%)
65 – 74	922 (10.6%)	7 (25%)
75 – 84	1491 (17.2%)	5 (17.8%)
85+	302 (3.4%)	0

The age/sex profile of our current members is broadly in line with the age/sex profile of our registered adult patient list with the exception of the under 16 and over 85 age groups.

In an attempt to recruit under 16s Liskeard School & Community College were asked to promote the group to their students. No new members were recruited as a result.

The absence of members over the age of 85 is noted but despite clinicians best efforts in directly approaching patients in this age group there have been no members recruited.

All of our current group members are white British. A review of the practice's ethnic population was carried out in October 2011 and confirmed that over 99.5% of those patients who have declared their ethnic origin to us have stated that they are from this ethnic group. This review did, however, reveal that we have 51 Polish patients. An individual letter has been sent to each of these patients inviting them to join the group but to date no response has been received. We do not believe that this is due to language barriers as we have no need to use professional interpretation services during consultations with Polish patients.

Group meetings

The group meets approximately every two months. Each meeting has a formal agenda to which members are invited to contribute and minutes are produced by the group secretary and forwarded to all members by the practice.

All members are written to approximately 2 weeks before the meeting reminding them of the date.

Local survey identification

At the group meeting in August 2011 the practice shared details of a recent practice survey carried out by the Primary Care Research Network. This survey was part of a practice-based research project and produced statistics comparing our performance against that of 41 other surgeries in the South West of England in the subject areas of GP appointment availability and ease of booking a GP appointment. Following discussion it was agreed by the group to carry out a more detailed survey and to concentrate on four specific priority areas of patient satisfaction:

- Clinical care at the practice
- Contact with our Reception team
- Appointment availability
- Surgery opening times

Research identified that the new GPAQ Version 3 questionnaire would serve to measure patient satisfaction in the above four areas. The survey questions were shared with the group members and agreement was reached that the questions therein were appropriate to meet the group's survey aims.

Of particular interest to the group was that the results of this survey could be submitted for analysis to an external organisation and hence compared to other UK practices for benchmarking purposes.

Survey implementation

It was agreed that the survey exercise would be carried out on a random, anonymous basis until a minimum of 350 completed surveys were obtained. This figure was chosen to ensure that we received a minimum of 50 completed surveys per GP.

The survey was completed in November 2011 and the raw data obtained was submitted to CMI Publishing for analysis.

Survey results

CMI Publishing supplied both a summary and detailed report on our survey results. Copies of both are available on the practice website as an addition to this report and were distributed to the Patient Group in advance of the November 2011 group meeting.

Notices advising of the availability of this report are displayed prominently within the surgery.

It was particularly pleasing to note that in all areas where our scores could be compared with other practices results for benchmarking purposes we exceeded the national average.

During the November 2011 group meeting the results were reviewed and discussed in detail. In addition to the summary and detailed report a list of ad hoc comments made by survey respondents were also discussed with the group.

Given the excellent response received to the formal survey questions it was agreed by the group that there was no specific action required as a result of this feedback. However, the ad hoc comments supplied by some respondents prompted debate in several specific areas that weren't covered by the formal questions and hence these were used to agree an action plan.

Actions required as a result of the survey

- 1) Patients to be better informed of different types of available appointments and how they can be booked.
- 2) Posters detailing the requirement to switch off mobile telephones to be displayed.
- 3) Improvement in the surgery's ability to handle incoming telephone calls – particularly first thing in the morning.
- 4) TV or computer based patient information system in the waiting room. Specifically requested to be factual and not to carry advertising.

Action carried out by 15th March 2012

- 1) Practice website and practice leaflet modified to give clearer information about how to access both face-to-face and telephone consultations.
- 2) Posters requesting the switching off of mobile telephones have been created and are displayed in all waiting areas.
- 3) New telephone system specified and installed. This has already demonstrated a significant increase in call handling with the result that patients are spending less time being connected to the appropriate department. The use of an automated attendant and direct dial numbers has principally been responsible for this improvement.

- 4) Three potential information systems have been identified. Further work is ongoing in an attempt to arrange a trial of a waiting room-based information system that also incorporates a patient call system. Costings are currently awaited.